



**HOA SERVICES PLATFORM
AUTHORIZATION AGREEMENT FOR DIRECT PAYMENTS
(ACH DEBITS)**

NOTE: A VOIDED CHECK MUST BE ATTACHED TO THIS FORM TO BE PROCESSED PROPERLY

I (we) hereby authorize **Foster Management Inc.**, hereinafter called "Company," to initiate debit entries to my (our) Checking Account or Savings Account (select one) indicated below at the depository financial institution named below, hereinafter called "Depository," and to debit the same to such account for the purpose of collecting assessments for my community association. I (we) understand that this debit will occur on or about the 5th of each month in which assessment payments are due. I (we) acknowledge that the origination of ACH transactions to my (our) account must comply with the provisions of United States law.

Depository Name: _____ Phone: _____

City: _____ State: _____ Zip: _____

Routing Number (9 digits): _____ Account Number: _____

This authorization is to remain in full force and effect until Company has received written notification from me (or either of us) of its termination in such time, and in such manner, as to afford Company and Depository a reasonable opportunity to act on it.

My association is: _____

Property address: _____

Name(s): _____ (Please print) _____ (Please print)

Signature(s): _____

Date: _____

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PLEASE RETURN FORM AND VOIDED CHECK TO:

Your HOA Name
c/o Foster Management Inc.
700 Ken Pratt Blvd., Suite 111
Longmont, CO 80501

Management Company Use Only: _____

Homeowner Account Number: _____

Date entered: _____